

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

SERIAL NO.
576902
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
6						
6						
7						
8						
9						
10						
11	1					
12						
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18	1					
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47						
48						
49						
60						
TOTAL	3					
TOTAL DEP.	17					
TOTAL	20					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
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